DOCUMENT RESUME

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ABSTRACT

In order to highlight the importance of identifying children with elevated blood lead levels, the Illinois Department of Public Health produces its surveillance report to present state and county level data on the number of children screened for and identified with lead poisoning. In Illinois, all children between 6 and 84 months of age must be assessed for lead poisoning at least once before entering a licensed day care center, preschool, or kindergarten. Noting that a proposed lower standard for lead poisoning would mean that more than 36 percent of tested children in 2001 were lead-poisoned, this report provides information from 2000 and 2001 on screening tests conducted on children 15 years and younger, with almost all data from children 6 years and younger. The report indicates that 7.3 percent of children had at least 1 blood lead test result greater than or equal to 10 mcg/dL. Children living in high-risk ZIP code areas were more likely to be lead poisoned than children living in low-risk ZIP code areas. African-American and Hispanic children were more likely to be affected by lead poisoning than Caucasian children, with most of the ethnic differences attributed to living in the older housing of high-risk ZIP code areas. Presented in tabular form is information for each Illinois county on the number of children 6 years and under, and 2000 and 2001 information on the number of children tested and the number identified with various blood lead levels; a comparison of Chicago and downstate data is included. Also included in the report is a copy of the Childhood Lead Risk Assessment Questionnaire as well as information on the age at which children should be screened and the importance of screening in high-risk areas. The report concludes with a list of organization sources for information about lead poisoning prevention (KB)

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GET THE LEAD OUT

Illinois Childhood Lead Poisoning Surveillance Report

2001

Illinois Department of Public Health

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Illinois Department of Public Health

Childhood Lead Risk Assessment Questionnaire

(Revised May 2001)

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE SHOULD BE ASSESSED FOR LEAD POISONING.

Today's date _____ Child's name _____

Child's age _____ In what ZIP code does the child currently live? _____

If the child has moved within the last 12 months, in what ZIP code(s) did he/she previously live? _____

	Respond to the following questions by circling the appropriate answer.	RESPONSE		
1.	Are any of the above ZIP codes listed on the back of this questionnaire?	Yes	No	Don't Know
2.	Does this child live in or regularly visit a home that was built before 1950 (older than 50 years)?	Yes	No	Don't Know
	Has the child ever lived in or regularly visited a home that was built before 1950 (older than 50 years)?	Yes	No	Don't Know
3.	If this child lives in or regularly visits a home, school or day care center built before 1978 (older than 20 years) –			
	Does it have peeling or chipping paint?	Yes	No	Don't Know
	Is it being repaired or remodeled?	Yes	No	Don't Know
4.	Is this child eligible for or enrolled in Medicaid, Head Start, Kid Care or WIC?	Yes	No	Don't Know
5.	Does this child live with someone who has a job or hobby that may involve lead (for example, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes	No	Don't Know
6.	At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes	No	Don't Know
7.	Has this child ever been to Mexico, Central or South America, Asia or any country where exposure to lead from certain items (for example, cosmetics, home remedies, folk medicines or glazed pottery) could have occurred?	Yes	No	Don't Know

Please discuss any questions or concerns with your health care provider.

Children with brothers or sisters who have elevated blood lead levels should have a blood lead test.

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If you need more information, call

Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
800-545-2200 or 217-782-0403
TTY (hearing impaired use only) 800-547-0466

Reviewed by _____ Date _____

Signature of Doctor/Nurse

Printed by Authority of the State of Illinois
P.O. # 373466 2M 8/02

GETTING THE WORD OUT ON LEAD

October 2002

In 1991, the U.S. Centers for Disease Control and Prevention (CDC) established 10 mcg/dL as the blood lead level that constituted lead poisoning in children. This level was chosen partly due to the inability of many laboratories to test for very low levels of lead in blood samples. The national goal has been to eliminate lead poisoning in children by the year 2010 utilizing the 10 mcg/dL standard.

Starting this fall, two panels - a U.S. Department of Health and Human Services advisory group and the National Academy of Science – will begin to examine research that concludes that even tiny amounts of lead can negatively impact a child's intelligence. The panels will then make recommendations to the CDC about lowering the "acceptable" concentration of lead in a child's blood.

A study by Dr. Bruce Lanphear of Cincinnati Children's Hospital helped to trigger the current concern for a lower standard. Dr. Lanphear tabulated that, for every microgram of lead in a deciliter of a child's blood, reading scores declined by 1 point on standardized tests. Arithmetic scores were lower by 7/10 of a point for each microgram of lead, and the results of memory tests were 1/2 of a point under average scores.

In 2001, 7.3 percent of all children tested in Illinois were found to have lead levels at or exceeding 10 mcg/dL. In this same time period, more than 81,000 children had lead levels between 5 and 9 mcg/dL. Under the proposed reduced standard, this would mean that, in 2001, more than 36 percent of all children tested in Illinois for lead poisoning were, in fact, poisoned.

Lowering the CDC standard is a decision that will generate significant discussion and controversy. As indicated by the Illinois numbers, a change of this magnitude will significantly impact the scope of lead prevention programs across the country and will require a far more aggressive approach to the elimination of lead hazards.

For more information about lead poisoning, its sources and prevention, call the Department's Childhood Lead Poisoning Prevention Program at 217-782-0403. For information about licensed lead inspectors and lead abatement contractors, or to receive pamphlets on lead abatement, call the IDPH Lead Abatement Program at 217-782-3517. The hearing impaired can reach both programs by dialing 800-547-0466 (TTY).

John R. Lumpkin, M. D., M.P.H.
Director of Public Health

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Highlights

Some Interesting Numbers

Detailed breakdowns of the numbers of children screened and those with elevated results are given in the following pages.

Here are some other interesting highlights of blood lead testing done in 2001:

* 305,132 blood lead tests were reported on 277,788 Illinois children.

* 20,251 children (7.3 percent) had at least one blood lead test result ≥10 mcg/dL.

* 7,336 children (2.6 percent) had at least one blood lead test result ≥ 15 mcg/dL.

* 202 children were identified with severe lead poisoning (≥45 mcg/dL).

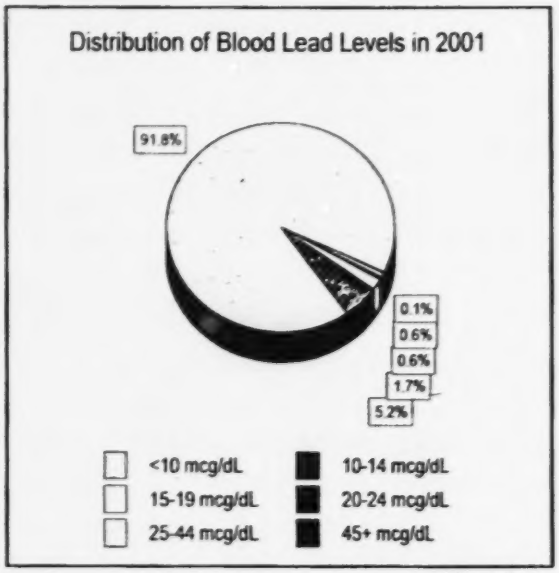

Figure 1

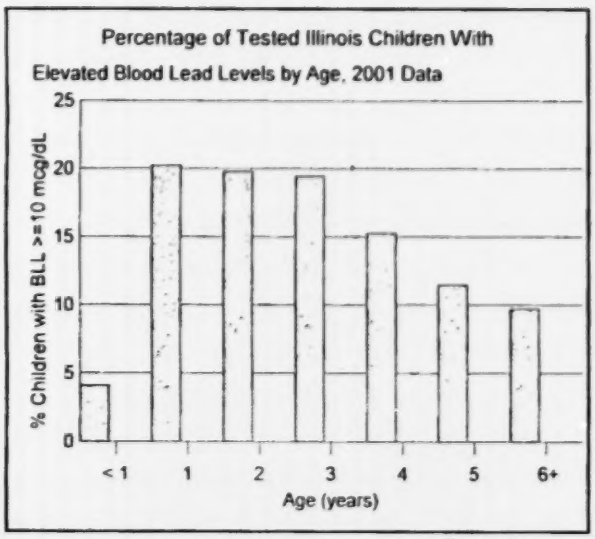

Figure 2

At what age should children be screened?

Illinois law requires that children between 6 and 84 months of age who live in high-risk areas be screened before attending a licensed day care, school or kindergarten. Early detection is important since damage from lead poisoning can be minimized or prevented when it is discovered early in an affected child's development.

As Figure 2 suggests, children are most likely to become lead poisoned once they are able to crawl and walk. Therefore, IDPH recommends that children be tested at 1 and 2 years of age. In addition, federal policies require that Medicaid-enrolled children be tested at 1 and 2 years of age.

Elevated Results in High-Risk Areas

Illinois screening data for 1999 - 2001, shown in Figure 3, indicate that children living in high-risk ZIP codes are indeed more likely to be lead-poisoned than children living in low-risk ZIP codes.

This demonstrates that targeted screening use of the assessment questionnaire in low-risk areas is an appropriate and efficient way to identify children at risk for lead poisoning.

Although the assessment questionnaire was recently revised, a review of blood test results in the high and low risk ZIP codes determined that no change in risk designation was needed. The high and low risk designations were introduced for targeted screening in 1995.

Lead Poisoning and Race

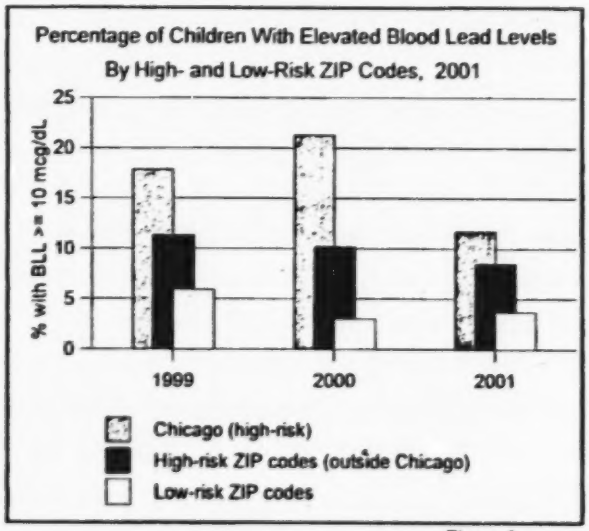

Figure 3

Figure 4 demonstrates the difference in lead poisoning across races. African-American children are more than three times as likely to be affected by lead poisoning than Caucasian children. Hispanic children face nearly twice the risk.

Most of this difference is attributed to the fact that minorities are more likely to live in the older housing of high-risk ZIP codes. While lead paint is the source of most lead poisoning cases, folk remedies and pottery made outside the United States may also contribute to the higher lead poisoning rates of minority children.

Efforts must continue to eliminate the preventable causes of lead poisoning among children of all races.

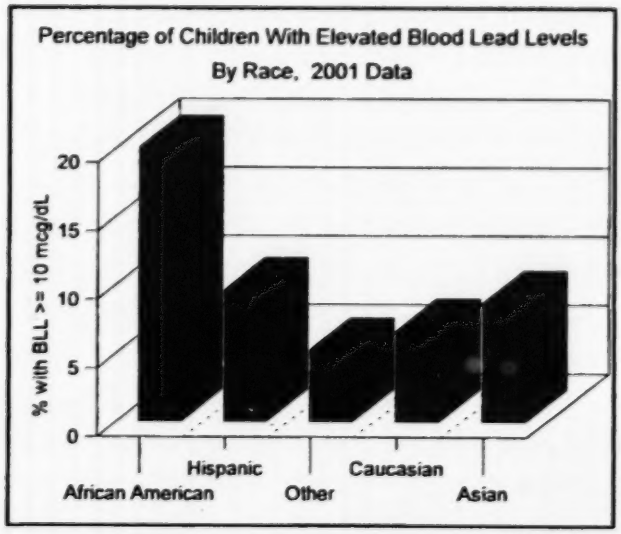

Figure 4

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

Summary of 2000 Activity		
*Total children screened	244,442	
Number with results ≥ 10 mcg/dL	23,063	
Number with results ≥ 15 mcg/dL	8,263	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	6,402	(77%)
Downstate	1,861	(23%)

Summary of 2001 Activity		
*Total children screened	277,788	
Number with results ≥ 10 mcg/dL	20,251	
Number with results ≥ 15 mcg/dL	7,336	
Numbers ≥ 15 mcg/dL by geographic region		
Chicago	5132	(70%)
Downstate	2204	(30%)

County	2000 Population of Children 6 and Under*	2000						2001					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Adams	6,006	566	54	9	4	5	0	611	59	12	6	7	1
Alexander	846	130	13	5	2	0	0	161	8	6	2	2	0
Bond	1,411	307	18	6	2	1	0	286	4	3	0	0	0
Boone	4,569	286	10	5	2	0	0	330	7	9	2	1	0
Brown	398	22	2	2	0	0	0	38	3	1	0	0	0
Bureau	3,022	359	3	10	0	2	0	345	2	0	1	1	0
Calhoun	386	34	4	1	1	0	0	59	2	0	0	0	0
Carroll	1,331	239	10	4	2	0	0	299	16	6	1	1	0
Cass	1,293	123	5	3	0	2	0	282	16	3	0	3	0
Champaign	14,575	1,567	45	6	2	1	2	1,646	35	6	3	6	0
Christian	3,039	427	15	5	2	1	1	313	12	4	1	3	0
Clark	1,491	39	0	0	0	0	0	65	2	1	0	0	0
Clay	1,240	195	8	1	0	0	0	213	10	1	0	1	0
Clinton	3,147	48	3	0	0	0	0	126	3	0	2	0	0
Coles	3,925	192	12	1	1	1	1	294	6	2	1	1	0
Cook w/o Chicago	549,841	21,416	697	234	97	100	11	27,850	719	213	82	94	1
Chicago	288,416	113,547	10,745	3,494	1,483	1,265	160	118,787	8,671	2,930	1,081	958	163
Crawford	1,581	109	4	0	1	0	0	122	0	1	0	0	0

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	2000 Population of Children 6 and Under[1]	2000						2001					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Cumberland	1,021	58	0	1	0	0	0	84	3	0	0	0	0
DeKalb	7,843	374	17	7	1	1	0	436	14	10	6	4	0
DeWitt	1,497	257	30	8	2	0	0	259	23	1	2	0	0
Douglas	1,906	94	2	1	0	3	0	115	7	4	0	1	1
DuPage	93,355	3,345	105	25	13	9	0	4,565	67	16	8	12	3
Edgar	1,641	197	15	4	1	2	0	215	23	0	2	0	0
Edwards	563	51	8	1	0	0	0	74	3	0	0	0	0
Effingham	3,481	73	2	0	0	0	0	226	5	2	0	0	0
Fayette	1,860	326	7	3	1	0	0	359	10	1	2	3	0
Ford	1,287	125	9	2	2	0	0	137	5	1	1	1	1
Franklin	3,176	230	13	1	1	0	0	279	13	3	0	1	0
Fulton	3,022	351	34	11	6	1	0	399	38	2	1	1	0
Gallatin	504	87	3	0	0	0	0	119	1	0	0	0	0
Greene	1,303	175	19	3	1	1	0	223	20	6	1	0	0
Grundy	3,519	281	6	1	2	1	0	284	7	4	0	0	0
Hamilton	740	100	10	1	1	1	0	113	11	1	0	1	1
Hancock	1,664	344	30	8	8	1	0	425	23	12	8	2	0
Hardin	350	31	5	1	0	1	0	43	5	0	0	2	0
Henderson	667	130	10	3	0	1	0	104	7	0	0	0	0
Henry	4,355	178	15	5	1	2	0	280	19	9	1	6	0
Iroquois	2,762	344	11	1	1	0	0	322	11	4	0	0	1
Jackson	4,187	709	24	3	1	1	0	775	16	2	1	0	0
Jasper	817	55	5	0	0	0	0	78	0	0	0	0	0
Jefferson	3,352	398	10	2	1	2	0	404	8	5	0	1	0
Jersey	1,845	108	1	1	2	0	0	148	6	0	1	0	0
Jo Daviess	1,791	158	7	2	0	2	0	176	2	0	2	1	0
Johnson	841	59	1	2	0	0	0	43	1	1	0	0	0
Kane	49,455	6,243	434	95	31	19	4	7,610	339	88	39	26	1

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	2000 Population of Children 6 and Under*	2000						2001					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Cumberland	1,021	58	0	1	0	0	0	84	3	0	0	0	0
DeKalb	7,843	374	17	7	1	1	0	436	14	10	6	4	0
DeWitt	1,497	257	30	8	2	0	0	259	23	1	2	0	0
Douglas	1,906	94	2	1	0	3	0	115	7	4	0	1	1
DuPage	93,355	3,345	105	25	13	9	0	4,565	67	16	8	12	3
Edgar	1,641	197	15	4	1	2	0	215	23	0	2	0	0
Edwards	563	51	8	1	0	0	0	74	3	0	0	0	0
Effingham	3,481	73	2	0	0	0	0	226	5	2	0	0	0
Fayette	1,860	326	7	3	1	0	0	359	10	1	2	3	0
Ford	1,287	125	9	2	2	0	0	137	5	1	1	1	1
Franklin	3,176	230	13	1	1	0	0	279	13	3	0	1	0
Fulton	3,022	351	34	11	6	1	0	399	38	2	1	1	0
Gallatin	504	87	3	0	0	0	0	119	1	0	0	0	0
Greene	1,303	175	19	3	1	1	0	223	20	6	1	0	0
Grundy	3,519	281	6	1	2	1	0	284	7	4	0	0	0
Hamilton	740	100	10	1	1	1	0	113	11	1	0	1	1
Hancock	1,664	344	30	8	8	1	0	425	23	12	8	2	0
Hardin	350	31	5	1	0	1	0	43	5	0	0	2	0
Henderson	667	130	10	3	0	1	0	104	7	0	0	0	0
Henry	4,355	178	15	5	1	2	0	280	19	9	1	6	0
Iroquois	2,762	344	11	1	1	0	0	322	11	4	0	0	1
Jackson	4,187	709	24	3	1	1	0	775	16	2	1	0	0
Jasper	817	55	5	0	0	0	0	78	0	0	0	0	0
Jefferson	3,352	398	10	2	1	2	0	404	8	5	0	1	0
Jersey	1,845	108	1	1	2	0	0	148	6	0	1	0	0
Jo Daviess	1,791	158	7	2	0	2	0	176	2	0	2	1	0
Johnson	841	59	1	2	0	0	0	43	1	1	0	0	0
Kane	49,455	6,243	434	95	31	19	4	7,610	339	88	39	26	1

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CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	2000 Population of Children 6 and Under[1]	2000						2001					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Perry	1,759	81	9	1	0	0	0	151	15	6	2	0	0
Piatt	1,476	155	7	3	0	0	0	183	12	5	2	2	1
Pike	1,452	320	17	1	2	1	0	302	17	6	0	0	0
Pope	299	20	1	0	1	0	0	11	0	1	0	0	0
Pulaski	663	51	9	1	0	0	0	63	7	1	0	0	0
Putnam	512	49	0	0	0	0	0	40	0	0	0	0	0
Randolph	2,635	331	19	3	1	4	0	410	17	5	2	2	0
Richland	1,380	114	12	1	0	0	0	99	5	0	0	0	0
Rock Island	13,246	2,920	238	75	33	17	0	2,940	225	60	23	14	1
St. Clair	25,494	3,926	371	70	22	18	0	4,149	314	75	26	9	1
Saline	2,169	530	22	2	1	0	0	486	6	1	2	0	0
Sangamon	17,297	2,216	137	45	26	15	2	2,805	104	51	9	11	4
Schuyler	575	29	4	1	0	0	0	27	4	2	1	0	0
Scott	513	33	2	0	0	0	0	63	5	0	0	0	0
Shelby	1,961	129	7	0	0	0	0	161	2	1	0	2	0
Stark	584	18	4	0	0	0	0	31	2	0	0	1	0
Stephenson	4,280	935	104	37	15	10	2	1,156	114	34	10	21	1
Tazewell	11,377	1,095	20	10	3	1	1	1,001	20	5	1	1	0
Union	1,382	151	8	5	2	2	0	156	13	1	1	1	0
Vermilion	7,994	814	59	13	5	3	4	900	47	16	8	9	3
Wabash	1,028	153	11	6	1	1	0	177	10	5	0	0	0
Warren	1,523	229	14	5	1	3	0	214	11	7	5	0	0
Washington	1,220	28	2	0	0	0	0	38	2	0	0	0	0
Wayne	1,436	415	11	2	1	0	0	353	7	4	0	1	0
White	1,103	208	15	1	1	0	0	240	7	5	0	1	0
Whiteside	5,533	867	37	16	7	9	2	1,006	48	16	5	6	0
Will	59,504	2,678	168	37	16	7	3	3,108	115	24	16	13	2
Williamson	5,152	306	5	1	0	0	0	350	9	1	0	0	0

CHILDHOOD LEAD POISONING SURVEILLANCE REPORT

Summary Report

County	2000 Population of Children 6 and Under†	2000						2001					
		Total Tested	10-14	15-19	20-24	25-44	45+	Total Tested	10-14	15-19	20-24	25-44	45+
			mcg/dL						mcg/dL				
Winnebago	27,857	4,162	165	49	23	12	2	4,361	159	39	27	24	3
Woodford	3,329	85	2	2	1	0	0	122	7	2	1	0	0
Unknown	-	47,508	301	96	25	24	3	54,934	225	63	26	22	2
TOTAL	1,243,632	244,442	14,800	4,612	1,871	1,573	207	277,788	12,915	4,168	1,552	1,414	202

† The 2000 population of children 6 years of age and younger is based on the Census 2000 Summary File 1 (SF 1).

The information contained in this report is gathered by the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program. Elevated blood lead levels (≥ 10 mcg/dL) are reported by laboratories, physicians, hospitals and other health care providers. Non-elevated results (< 10 mcg/dL) are reported by laboratories. Results on all children 15 years old or younger are included in this report. Almost all tests (94 percent) are performed on children 6 years old or younger. The *total number of children screened* in the activity summary boxes and *total tested* column for 2000 and 2001 are the actual numbers reported to the department. These numbers include children tested for the first time, as well as those being retested. Where a child has multiple tests, the highest venous result is selected. If there is no venous test, the highest capillary result is selected.

Results of all blood lead tests must be reported to the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program by the directors of laboratories performing the analyses. Blood lead levels greater than or equal to 10 mcg/dL must also be reported by physicians, hospital administrators, local health department administrators and directors of laboratories that do not perform blood lead analyses. In either case, results must be reported to the department's Childhood Lead Poisoning Reporting System at 217-782-0403.

The Childhood Lead Poisoning Surveillance Report provides information by county on the number of children screened and identified with lead poisoning. The CDC recommends that children with lead levels at or exceeding 15 mcg/dL be provided follow-up services. The follow-up services include medical management and case management. The Illinois Department of Public Health or delegate agencies (local health departments) provide these services to children residing in Illinois. Environmental investigations and management may be provided for children with lead levels at or exceeding 25 mcg/dL, for those with blood lead levels that persistently lie between 15 and 24 mcg/dL, or at the request of the child's physician.

TELEPHONE INFORMATION

Illinois Department of Public Health Childhood Lead Poisoning Prevention Program	217-782-0403
Illinois Department of Human Services Information And Referral Hotline	800-323-4769 Voice and TTY (hearing impaired use)
Illinois Department of Public Health Childhood Lead Poisoning Clearinghouse	217-782-0403 TTY Only- 800-547-0466
Illinois Department of Public Health Division of Environmental Health	217-782-3517
National Lead Information Center Hotline	800-LEAD-FYI
National Lead Information Center Clearinghouse	800-424-LEAD
Alliance to End Childhood Lead Poisoning	202-543-1147
Safe Drinking Water Hotline (U.S. EPA)	800-426-4791
Toxic Substances Control Act Assistance Information Service	202-554-1404

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